Registration Form: LEAD	ING TRANSFORMATION	ion Form: LEADING TRANSFORMATION (3 Contact Hours Provided)
Name:	Address:	
Tel:	E-mail Address:	
License NO:	Job Title:	
Employer's Name and Address:		
Signature:	Date:	
Provider (The Office of Nursing Affairs, Department of Health Services, by the California Board of Registered Nursing. Provider number 15837.	Affairs, Department of Healtl stered Nursing. Provider num	Provider (The Office of Nursing Affairs, Department of Health Services, LA County) approved by the California Board of Registered Nursing. Provider number 15837.
Register via E-Mail: ona@dhs.lacounty.gov	unty.gov	Fax:562-401-6375
Registration Deadline: Tuesdav. April 22. 2014.		Register early. Space is limited.

2014

NURSE RECOGNITION WEEK SEMINAR

PROGRAM

08:30-09:15 Registration Coffee & Tea will be served

09:15-09:30 **Welcome Remarks**

Recognition of 2014 DHS & LA County Outstanding Nurses

09:30-12:30 Leading Transformation

12:30-1:00 Opportunity Drawings

LA COUNTY NURSE RECOGNITION STEERING COMMITTEE REPRESENTATIVES:

DEPARTMENT OF HEALTH SERVICES:

- LAC+USC Healthcare Network
- Harbor UCLA Medical Center
- Olive View-UCLA Medical Center
- Rancho Los Amigos National Rehabilitation Center
- Emergency Medical Services
- Juvenile Court Health Services
- Ambulatory Care Network

DEPARTMENT OF PUBLIC HEALTH DEPARTMENT OF MENTAL HEALTH SHERIFF'S DEPARTMENT LA COUNTY FIRE DEPARTMENT CHILDREN AND FAMILY SERVICES

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES



Date: Monday, May 5, 2014

Time: 08:30 - 1:00

Location: California Endowment Center

1000 N. Alameda St. LA, CA 90012

Pamela M. Griffith, RN,
MBA, FACHE,
EHR (ORCHID) IT Director, LA DHS

Elaine Goehner, RN, PhD

Professor, Azusa Pacific University

Nancy Loos, RN, MSN
Director of Nursing Operations, Northridge Hospital

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Present

NURSES LEADING TRANSFORMATION

- ➤ The Case for Nurse Leading Transformation
- > Leading Change-A Primer
 - Competencies for Change
- > Panel Discussion-Real-life Change Initiatives